



Email: [Credit-Vendor-Apps@barnhardt.net](mailto:Credit-Vendor-Apps@barnhardt.net)

**Division of Barnhardt Manufacturing Company**

P.O. Box 1528 Mt. Airy, NC 27030-1528

Select One:  **New Customer Application**  **Customer Information Change (changes only)**

Date	Customer Number	Sales Rep.	Business Unit
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**1. COMPANY INFORMATION**

Full Legal Name/ Business Entity	Phone Number	Fax Number
DBA (doing business as)	E-mail Address	
Billing Address	City	County State Zip

**2. BUSINESS CREDIT INFORMATION**

Federal Tax I.D. (FEIN)	Nature of Business	Years in Business
Years at Current Location	Business Incorporated (Y/N)	If Yes, under laws of what state
Tax Exemption Number	<b>Tax Exemption Certificate Copy Required Please Attach All Sales are Taxable unless Tax Exemption Certificate is on File</b>	

**3. BANK REFERENCES**

Bank Name	Account #		
Address	City	State	Zip
Contact (Required)	Phone Number (Required)	Fax Number	

**4. CREDIT REFERENCES**

Company Name	Contact	Phone Number	Fax Number
Company Name	Contact	Phone Number	Fax Number
Company Name	Contact	Phone Number	Fax Number

By signing this application we agree to all terms and conditions as listed on each invoice. All amounts owed beyond the payment due date are subject to a 1.5% monthly finance charge. If it becomes necessary to initiate legal proceedings to recover the amounts past due, Barnhardt Manufacturing Co. will be entitled to recover all cost, attorney fees, and collection agency fees. Return policy is 30 days from invoice date. Merchandise must be in saleable condition. All returns must be authorized and will be subject to a 25% restocking charge plus freight charges. The undersigned is authorized to release the reference credit information of the company listed above by their signature guarantees payment on the account. "The undersigned is executing this authorization for Barnhardt Manufacturing Co. to obtain a consumer credit report on the undersigned individual through credit and consumer reporting agencies or other sources, in order to further evaluate the creditworthiness of such individual in connection with the credit evaluation process and the proposed extension of business credit to the Applicant".

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date \_\_\_\_\_



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5. CREDIT REQUEST

Requested Credit Line Amount	Credit Terms Prepaid <input type="checkbox"/> Net 15 <input type="checkbox"/> Net 30 <input type="checkbox"/>
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6A. CUSTOMER INFORMATION – Main Location

Customer Name	Contact Name	Contact Phone Number
Customer Address		E-mail Address
City	County                      State                      Zip	Contact Fax Number

6B. CUSTOMER INFORMATION – Buying Location

**Check Box If Information Is The Same As Main Location**

Buying Customer Name	Buying Contact Name	Contact Phone Number
Buying Customer Address		E-mail Address
City	County                      State                      Zip	Contact Fax Number

6C. CUSTOMER INFORMATION – Billing Location

**Check Box If Information Is The Same As Main Location**

Billing Customer Name	Billing Contact Name	Contact Phone Number
Billing Customer Address		E-mail Address
City	County                      State                      Zip	Contact Fax Number

6D. CUSTOMER INFORMATION – Shipping Location 1

**Check Box If Information Is The Same As Main Location**

Shipping Customer Name	Shipping Contact Name	Contact Phone Number
Shipping Customer Address		E-mail Address
City	County                      State                      Zip	Contact Fax Number

6E. CUSTOMER INFORMATION – Shipping Location 2

**Check Box If Information Is The Same As Main Location**

Shipping Customer Name	Shipping Contact Name	Contact Phone Number
Shipping Customer Address		E-mail Address
City	County                      State                      Zip	Contact Fax Number